Ministry of
Community and
Social Services
Ontario

John Sweeney
Minister

Living in the Community:
New Directions in Residential Services for Frail Elderly People

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Ontario

Office of the Minister
Bureau du Ministre

Ministry of Community and Social Services
Ministère des Services sociaux et communautaires

Hepburn Block
Queen's Park
Toronto, Ontario
M7A 1E9
416/965-2341

Édifice Hepburn
Queen's Park
Toronto (Ontario)
M7A 1E9
416/965-2341

April, 1989

Dear Friends:

It is with pleasure that I present to you a copy of "Living in the Community: New Directions in Residential Services for Frail Elderly People." This consultation paper proposes directions for the improvement of an evolving system of supportive housing for frail elderly people. This improved system will help bridge the gap between the existing community services for seniors who require some supports in their own homes and the institutional care system for elderly people who have complex care needs.

It is our hope that the service delivery approaches described in this paper will pave the way for more varied and extensive community living options that are responsive to the needs of older people who require a supportive living environment. We invite comment from municipalities, Indian Bands, charitable organizations, provincial organizations, consumers, interested persons, and service providers on the directions described here.

The proposed directions do not represent a final policy on our service approaches in supportive housing environments for frail elderly people. We are seeking input from those who will be affected by the ideas contained in this paper. Following consultation, we will produce a specific policy statement. We are aware, however, that municipal and charitable social service agencies are seeking direction regarding the kinds of projects that the ministry will support at this time. This paper provides the basic principles and a framework that municipal and charitable service providers can use as an interim planning guide for projects that are now underway or proposed for development.

We look forward to receiving your comments on the proposals contained in this paper. Please submit your comments by June 30, 1989 to Walter Kushnir, Senior Policy Advisor, Elderly Services Branch, Ministry of Community and Social Services, 9th Floor, 700 Bay Street, Toronto, Ontario, M5G 1Z6.

The effort and dedication of members of the service providing community are essential in developing a future system of services that is responsive to the needs of older adults and ensures quality services. Your interest and support, as always, is very much appreciated.

Sincerely,

John Sweeney
Minister

LIVING IN THE COMMUNITY

New Directions in Residential Services for Frail Elderly People

A CONSULTATION PAPER

Elderly Services Branch
Ministry of Community and Social Services

April, 1989

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LIVING IN THE COMMUNITY

New Directions in Residential Services for Frail Elderly People

A Consultation Paper

1. INTRODUCTION

The service system for frail elderly people in Ontario is evolving to reflect the desire of most elderly people to remain at home or in their communities as long as possible. We have expanded considerably the broadly available in-home health and social support services for seniors in Ontario. Many social service agencies have been remarkably successful in extending the model of in-home support and enabling seniors to age-in-place by making services more available and more concentrated in supportive housing settings.

The creativity of the service-providing community has resulted in the evolution of services in supportive housing despite the absence of a government policy framework. **The purpose of this paper is to develop a policy direction to support the efforts of social service agencies to bridge the gap between the existing community support services for seniors who require some support in their own homes and the institutional care system for people who have complex care needs.**

1.1. M.C.S.S. goal and strategic direction for services to elderly people

The primary goal of the Ministry of Community and Social Services is to maintain the stability and quality of life of Ontario society, and to strengthen the capacity and ability of communities to cope with change and to respond to the needs of families and individuals in ways that reinforce their daily dignity and independence.

Our strategic direction in relation to services for seniors, in the context of a comprehensive government strategy to meet the needs of the elderly, is to provide a reliable, organized and expanded system of community support for seniors that is complemented by a system of quality, long term care.

Within the context of the Ministry's broad goal and our strategic direction for seniors, we have established the following goal:

> To maintain, develop and enhance the quality of services and supports to elderly persons and their families, to improve the range and quality of **residential resources for the elderly, and to strengthen the capacities of** local communities to respond to their needs.

The focus on the community as a broad Ministry approach to the planning and delivery of social services has particular relevance for older adults. It implies a more accessible, responsive service system at the local level. It means the provision of increased support to older persons who are living independently in the community and to families who are providing care for their older members. It also means a system that shows more concern about the individual needs and rights of senior citizens and a respect for their personal dignity and their ability to contribute to the planning and development of services to meet their needs.

To implement this commitment to serving seniors in the community, the Ministry of Community and Social Services plans:

- to support and enhance existing community support services and to ensure their effective and efficient coordination, in order that elderly people may remain in their own homes, with their families or in the community as long as possible;

- to ensure that elderly people are aware of, and are able to exercise their rights and that safeguards against abuse, neglect and exploitation are in place for dependent and vulnerable elderly people;

- to support the development of a residential system which ensures that elderly people are able to live in the least restrictive and least institutional environment possible - preferably in their own homes, and for people who need residential care, to ensure a high quality of residential programs and services.

1.2. The development of community services for frail elderly people

To achieve the objective of supporting elderly people at home and in their communities, the government has, over the past several years, supported a significant increase in the range and types of community support programs for seniors. The key community services that support community living for frail elderly people, in particular, are supported financially by the Ministries of Health and Community and Social Services. Some community services are provided in-home while others are provided in community centres.

In-home community services are becoming increasingly available in various locations in the province, including: Home Support services such as meals on wheels, friendly visiting, home maintenance, transportation, and security checks; Respite Care services; Home Care services, such as nursing, physiotherapy, and occupational therapy; and Homemakers services which may be provided through the Home Care program, the Homemakers and Nursing Services program, or the Integrated Homemakers program.

Centre-based community services are also becoming increasingly available in various locations in Ontario. These include Seniors Day Programs, Congregate Meals, Alzheimer Community Services, and services provided by Elderly Persons Centres.

Two examples of the government's focus on the expansion of both centre-based and in-home community services are Elderly Persons Centres and Home Support Programs. In 1984 there were 117 Elderly Persons Centres in Ontario. By the end of 1989 the number of these centres will increase to 212. During this same period, the number of Home Support projects supported by the Ministry of Community and Social Services will have grown from 260 to 1,370. In the current fiscal year alone, 490 new Home Support projects will receive financial support from this ministry.

With the continuing expansion and enhancement of community services for seniors, frail elderly people are increasingly able to carry on an independent life and make their own decisions in their own homes as long as possible. However, there is a continuing need to find appropriate ways of coordinating our fragmented service delivery. The Ministries of Health and Community and Social Services are looking at ways of developing a more coherent system of health and social services and long term care services for seniors. We are interested in approaches that offer a coordinated approach to providing services, ensure on-going re-assessment of the needs of elderly people, and have the flexibility to adapt both the services and the environment to meet the changing needs of seniors over time.

1.3. Reform of institutional services for frail elderly people

The institutional services system for seniors who require residential services and care is complex and difficult to understand. It consists of a wide range of services, levels of care, and types of settings for frail elderly people. Institutional care and residential services are provided primarily by our institutions for seniors, including Municipal and Charitable Homes for the Aged, Nursing Homes, EldCap Nursing Home services attached to hospitals in northern Ontario, Satellite Homes sponsored by Municipal Homes for the Aged, Elderly Enriched Housing services provided by Charitable Institutions, and Chronic Care hospitals.

The government is committed to the reform of the institutional service system, in particular extended care services. Extended care services are currently provided in Nursing Homes, funded and regulated by the Ministry of Health, and in Municipal and Charitable Homes for the Aged, funded and regulated by the Ministry of Community and Social Services. The facilities are governed by three separate pieces of legislation and, as a result, policies governing the provision of services and cost sharing have varied. Provincial ministries are currently working together toward the development of long term care legislation with a view to rationalizing, to the extent possible, the standards, practices, and funding arrangements for long term care facilities.

The government is also interested in local and provincial approaches to develop a more coherent system of long term care for seniors. Such a system, which will evolve through inter-ministerial coordination, can strive to ensure appropriate access to institutional care, less demand for new institutional beds, and the provision of services matched to individual needs.

Concurrently, the Ministry of Community and Social Services is embarking on a direction to support the efforts of municipalities and charitable organizations to diversify the institutional and non-institutional services provided by homes for the aged. The primary mission of homes for the aged is to provide a substitute home environment for those elderly people who, even with adequate support, can no longer live independently in the community. Care is provided by a multi-disciplinary team of health and social services personnel.

Our current policy direction for homes for the aged is to strengthen the ability of this institutional care system to more effectively utilize our scarce, multi-disciplinary resources to meet the needs of an older and more frail segment of our elderly population. **Our strategies are to target institutional care for people with complex care needs for whom community living alternatives are not feasible.**

We envisage that, in the future, Homes for the Aged will also diversify to develop an increasing capacity to provide palliative or hospice services, short term convalescence and rehabilitation services, and respite services.

Many homes for the aged have made a major contribution to the development of in-home and centre-based community programs, as well as community-based residential service options for frail elderly people. In the future, homes for the aged will continue to provide community services such as day programs, foot care clinics, wheels to meals, and bath programs. Homes for the aged will also continue to play a role in the sponsorship of an evolving range of community living options for frail elderly people.

1.4. The need for community living options

The majority of seniors continue to live a full and independent life. Others live independently with the assistance provided by family members, neighbours, and the increasingly available and varied network of in-home and centre-based community services for seniors. It is recognized that most seniors with frailties are able to continue to manage and direct their own affairs and to live in the community, given appropriate community support.

Certainly, some seniors, a relatively small number, as a result of illness, physical disability or irreversible cognitive impairment, become frail and are no longer able

to maintain independence even with basic community support programs. They eventually require heavy assistance with many activities of daily living at a level that family, neighbours and basic community support programs are not able to provide. But the need for heavy assistance, it is now generally recognized, does not necessarily mean that placement in a long term care facility is the most appropriate response.

Undoubtedly, a few do require multi-disciplinary care in a facility setting. The majority do not. Many frail elderly people, given a more intensive program of community care and support could continue to, and would prefer to, live in their own apartments in supportive housing environments rather than having to access this support in a facility setting.

The Ministry's research into the types of community residential services available in other jurisdictions, reviews of position papers regarding the existing residential services system, analysis of studies of services provided in existing facilities, and discussions with social service providers, planners, administrators, and consumer groups clearly indicates to us that Ontario's community living options for frail elderly people are inadequate.

We have relied too exclusively on long term care facilities to meet a wide range of needs for care and support that, in many instances, can be met more appropriately through community residential services. With the exception of a few isolated programs, frail elderly people who require heavy assistance with activities of daily living, have no alternative but to seek institutional care. We believe that frail elderly people who could continue to be reasonably served in the community should have appropriate community living options available to them.

The fundamental challenge of novel approaches to service delivery for seniors is to explore the boundaries of community living so that frail elderly people can live in the most independent and least institutional environment possible. New service delivery models are needed to enable older adults with significant physical, cognitive, or social frailties to receive community residential services without having to move from their communities as their needs change.

The service delivery models should support community living options in rural and urban areas, and be sensitive to the needs of ethnic, Francophone, and Native communities. The services need to be both effective in their goal of maximizing independence of frail elderly people and efficient in the use of scarce human and financial resources. As these services evolve many seniors may be diverted from seeking premature or avoidable admission into traditional long term care arrangements such as homes for the aged or nursing homes.

1.5. New directions in community living

We are proposing a new direction to support the efforts of municipalities, Indian Bands, and charitable organizations in an evolving system of care and support for frail elderly people. This new direction supports the further development of varied and extensive community living options for elderly people who require heavy assistance with activities of daily living. These options include a variety of service options that offer 24-hour services in supportive housing environments.

The services will support tenancy of frail elderly people in their own communities, while being responsive to the diversity of Ontario society. These new directions offer greater opportunity for urban and rural community living alternatives, as well as services that are sensitive to the needs of ethnic, Francophone, and Native communities.

We believe that support for an expansion of community living options will prevent or delay institutionalization of many frail elderly people. This expanded community service system, complemented by a system of quality long term care, will provide a more effective response to the needs of those frail elderly people who require assistance with many activities of daily living. We can thereby ensure a more effective utilization of long term care facilities by people with complex care requirements.

We have announced that the Ministry of Community and Social Services does not intend to increase the size of the homes for the aged program. Instead, the Ministry will consider the refurbishment, renovation and reconstruction of existing facilities while, at the same time, encouraging municipalities and charitable organizations to explore the provision of a wider range of service options.

We intend to encourage and support community based residential alternatives. To this end, we have changed our capital funding policy for the upgrading and modernization of older homes for the aged. Under our recently announced Capital Re-development Plan for Homes for the Aged, we are introducing a new approach to making up for beds lost in the renovation process as four bedroom wards are converted to two and one bedroom accommodation.

We will support the efforts of municipalities, Indian Bands, and charitable organizations, including ethnic, Francophone, and Native communities, to develop services in supportive housing environments for frail elderly people, including people who could be categorized as requiring high levels of institutional service. 13 million dollars in operating funds and up to one-third of the 100 million dollars in capital funds allocated under our Capital Re-development Plan for Homes for the Aged will be designated for this purpose. The service models described in this paper, both supported independent living and supervised community living, are the

types of services that the Ministry of Community and Social Services will support under this initiative.

Related to these new directions, since 1986, funds have been made available from our ministry to community groups for the coordination and provision of organized programs of support services in new non-profit housing projects that serve people with special needs. Prospective sponsors of the projects, including municipalities and charitable organizations, apply to the Ministries of Housing and Community and Social Services under our supportive housing initiatives. Proposals are evaluated and approved jointly by both Ministries under a Coordinated Application and Review Process. Under these initiatives, a variety of community living alternatives for frail elderly people and other groups have been supported in the past three years.

As well, on a more modest scale, existing funds for community support programs are being made available to some municipal and charitable organizations, on a selective basis in accordance with resources made available to this ministry, for the coordination and provision of organized programs of support services to regular non-profit housing projects for seniors.

1.6. The goal of community living for frail elderly people

Living in the Community: New Directions in Residential Services for Frail Elderly People proposes a new ministry direction to support the evolution of varied community living options that, we hope, will be more responsive to the range of abilities and needs of older people who require heavy assistance with many activities of daily living. The goal of the community living options for frail elderly people is:

> **to serve older adults who, by reason of physical, mental, or social needs, can no longer maintain an independent lifestyle even with basic community support programs but who, given a more intensive program of community care and support, could continue to, and would prefer to, live in their own apartments in supportive housing environments.**

Our design principles for supporting this evolving system emphasize community integration, individual client independence, and environmental and social stability. These principles and key design issues are discussed in the paper.

1.7. Summary of proposed service concepts

There has been inadequate recognition of the potential of targeting some of our resources to support a higher concentration and level of services than what is normally possible in broadly available in-home and centre-based community services. We propose to support the evolution of services in supportive housing environments for frail elderly people. Such environments are designated settings for senior

citizens where a social service agency makes available a range of support services on a 7 day a week basis, 24-hours a day, in accordance with individual preference and individual need, so that older people with significant support needs are able to live in their own apartments or in supervised settings.

From the experience that has been gained in Ontario and elsewhere, we propose two broad service models to support the development of a variety of service delivery approaches and living arrangements. These service models will support the efforts of social service agencies to bridge the gap between the current focus on broadly available in-home and centre-based community services, on the one hand, and institutional care, on the other.

The antecedents of the proposed models, including services such as elderly enriched housing, are outlined in the next section. The proposals in this paper will support the substantial and growing interest in supported apartment living.

We wish to emphasize that the ministry remains equally committed to continue to expand broadly available in-home and community based services for seniors and to support the efforts of municipalities and charitable organizations to reform and diversify the services offered by homes for the aged.

Two service concepts are proposed as a point of reference for the development of a variety of service options in supportive housing for frail elderly people:

- 24-hour **supported independent living**. This service concept refers to a housing environment where a social service agency offers support services in a sufficiently concentrated and available manner so that frail elderly people will be able to **age-in-place**, if they so choose. The services are provided in designated non-profit apartment projects. Tenants who require that services be available on a 24-hour basis are able to choose an individualized plan of services. The plan of services forms the basis of an individual service agreement between the tenant and the municipality, Indian Band, or charitable social service agency funded to provide these services.

- **Supervised community living**. This service concept refers to a housing environment where a social service agency makes available a range of services that is similar to supported independent living. In addition, the agency provides 24-hour on-site supervision to frail elderly people who require a secure setting and who cannot be relied upon to summon their own assistance. Included in the concept of supervised community living are supervised family care homes and various types of supervised group living situations. Wherever possible, the group living situation should provide self-contained apartments for people who prefer this form of accommodation.

We propose that, **in both service models, clients will have their professional health care needs met on a visitation basis.**

We propose to support service approaches that are directed at increasing the variety of community living options for frail elderly people, that have primarily a personal and social support focus, and that explore the boundaries of providing services in non-institutional settings. Implicit in these approaches is the use of technologies to aid the independence of people who can no longer maintain independence without support.

The community living options that we propose to support are distinguished from institutional care. One of the features that determines the boundaries between institutional care and community living for frail elderly people is the integration of on-site professional health care services and social support services in the institutional setting. Professional health care and social support in institutions are provided under one roof in a multi-disciplinary setting that is also the person's permanent address. Community-based services in supportive housing environments more clearly separate the individual's personal space and need for privacy from the space requirements of service providers.

We recognize that there are limitations in targeting the proposed service concepts to particular locations. While we are proposing service concepts in supportive housing environments at this time, this does not preclude the future exploration of the potential of a major re-design of the broadly available in-home and centre-based services. Such a re-design could target services for people with the need for high levels of care in their own homes. A re-designed system would maximize individual choices and support the provision of community-wide services in a concentrated enough and available enough manner, on a 24-hour basis, 7 days a week, to enable seniors to age-in-place to the greatest extent possible in a wider choice of living environments.

1.8. The consultation process

While this paper presents our interim directions for the evolution of existing and new services that enable frail elderly people to age-in-place, we intend to carefully consider the views of those who will be affected by our proposed policies. Following a period of consultation with service providers and consumer groups, we will develop and disseminate the Ministry's policy framework for the improvement of future services in supportive housing environments for frail elderly people. We will also support the development of specific service guidelines to ensure that services are provided in a qualitative manner and with respect for the rights and dignity of each individual.

In the coming months, with the assistance of the Ontario Association of Non Profit Homes and Services for Seniors, a focused consultation will take place with organizations that are already delivering services in supportive housing environments. The consultation will deal with such matters as viable approaches to service delivery, common problems that service providers face and practical ways of resolving service issues.

We would also like to receive the views of interested people, consumers, and service providers regarding the proposed models that are described in the last three chapters of this paper. Please organize your comments according to the sections and headings provided. As well, we would appreciate receiving your comments regarding issues and the solutions that you would propose for the future of services in supportive housing environments for frail elderly people.

Please address your comments by **June 30, 1989** to:

Walter Kushnir
Senior Policy Advisor
Elderly Services Branch
Ministry of Community and Social Services
9th Floor, 700 Bay Street
Toronto, Ontario
M5G 1Z6

2. THE CURRENT RESIDENTIAL SERVICES SYSTEM FOR FRAIL ELDERLY PEOPLE

Ontario's residential services system for frail elderly people who are unable to live independently is based primarily in our long term care facilities which provide residential and extended levels of care. However, in recent years, many municipalities and charitable organizations have focused their efforts on developing support services to enable older adults, who require care, to remain in the community.

There are five types of living arrangements funded by the Ministry of Community and Social Services under a variety of funding auspices. In increasing order of prominence, they are supervised family care homes, group living programs, elderly enriched housing, satellite homes, and institutional care which is provided by homes for the aged. Institutional care is also funded by the Ministry of Health in nursing homes, EldCap Nursing Home beds attached to hospitals in the northern Ontario, and chronic care hospitals.

2.1. Supervised family care homes (associate family homes, foster homes)

Supervised family care homes, also known in the social service literature as associate family homes or foster homes, provide care to frail elderly people in the homes of host families. The host family has the same level of responsibility as a salaried person or a person under contract.

Supervised family care homes operate differently from group homes in that the host family integrates the elderly person into the family household. The host family may consist of a family or an individual who wishes to provide care to a frail elderly person in his or her household.

A designated member of the host family assumes primary responsibility, through agreement with the social service agency, to provide supervision and support, to whatever degree necessary, to the client. The social service agency ensures that all required support services not performed by the family are delivered to the client as required.

Supervised family care may be an option for individuals who have not been able to succeed in current models of supported independent living for frail elderly people. This option has not been explored to any significant extent in the care of frail elderly people in Ontario. Under our proposed service models, supervised family care homes are potential types of supervised community living environments.

2.2. Community residences: group living

Group living programs or community residences are not-for-profit social services that provide accommodation and assistance with social and recreational functioning, and assistance with activities of daily living if needed, under the supervision of professionals. Operators of community residences usually have an affiliation with an institution or a social service agency that specializes in services to clients with special needs. The community residence may be a direct operation of, or under contract to, the institution or social service agency. The institution or social service agency provides professional multi-disciplinary support and programs for the clients of the residence.

Community residences for frail elderly people have been developed to a very limited extent in Ontario. They can be reasonably classified as small (3-8 residents), medium sized (8-14 residents) and large (14-24 residents).

The amenities of a community residence generally consist of private or shared bedrooms. Bathrooms are usually shared, although some locations provide private bathrooms. Dining rooms and living rooms are also shared. The Ministry of Housing's classification scheme refers to these types of settings as collective housing.

Community residences need to be distinguished from boarding homes, lodging homes, rest homes and retirement homes which are for-profit providers of personal services. The latter do not have a direct affiliation with an institution or social service agency. Boarding, lodging, rest and retirement homes provide a wide range of hotel and recreational services, which may include meals, housekeeping and laundry services and some personal services upon request, such as assistance with hair care, banking, writing and reading letters, and so forth.

In Ontario, community residences are more prominent in service delivery for other special needs clients, such as people with developmental or physical handicaps, young people with emotional or behavioral problems, and adults with alcohol abuse problems. Community residences are not a common type of residential care arrangement for frail elderly people. However, in recent years, service providers have expressed an interest in developing community residences for frail elderly people.

While the community residence is a potential housing arrangement for frail elderly people, **the Ministry of Community and Social Services considers that individual apartment units with communal space may be the most flexible type of physical arrangement.** This type of arrangement lends itself to supporting independence for those who are able to do many daily living tasks as well as those who require a lot of assistance.

For example, a client may enter a program with many needs. Over time, as a result of the supportive environment, the client may be able to function more independently in that environment. However, if the environment does not provide opportunities for independence, the client may be required to live a more restrictive and more dependent lifestyle than necessary.

There are two types of program models in community residences for elderly people: **supervised group living** and a recently introduced concept of **cooperative group living**, in which residents participate in household management decisions and decisions regarding who will reside in the home. Under our proposed service models, supervised group living is a potential type of supervised community living environment.

Supervised group living may be suitable for very frail people with significant cognitive impairments who may not be able to participate effectively in day to day decisions regarding household management and client intake. The **cooperative group living** arrangement, on the other hand, is more suitable for elderly people who have frailties in domains other than cognition and reasoning.

Examples of supervised group living for frail elderly people include Stephenson House in Toronto, operated by Ward 9 Senior Link and Elmridge Residence in Toronto, operated by Jewish Child and Family Services.

The cooperative group living model, developed in Britain and now being introduced into Canada, is generally known by the name of the sponsoring agency, Abbeyfield. The program is run by a non-profit agency. The distinctive feature of this type of program is that the residents are not admitted into care. Rather, the residents determine who will reside there and make decisions regarding social and recreational activities. The non-profit corporation makes the accommodation and services available and hires live-in housekeepers who are responsible for meal preparation, housekeeping, shopping, security checks and other household activities.

An example of a community residence that adopts characteristics from both the supervised and cooperative group living models is the Community Residential Program in Pembroke, operated by Marionhill, a charitable home for the aged. The program is delivered in a bungalow in an established residential neighbourhood across the street from a church and school. The bungalow was renovated to provide six bedrooms and adaptations for the special needs of the residents.

The house is staffed by a house supervisor who is on the premises from 9:00 a.m. to 9:00 p.m. daily. All residents are on self medication but the house supervisor reminds them and monitors drug intake, where appropriate. Regular meals and laundry are provided. A nurse makes health visits once weekly and the residents

have access to the medical services of Marionhill. Temporary placements in the Marionhill infirmary are available if needed. The residents attend the Day Care Program at Marionhill or an Elderly Persons' Centre in Pembroke at least three days per week and receive transportation for appointments and to church.

Residents are expected to help with their own laundry, make their own beds, set the table for meals, assist with cooking of meals, clean up after meals, and do light dusting and sweeping. Families are expected to provide transportation when needed and to help with personal shopping or other special needs. Friends and relatives can visit as often as they wish.

2.3. Elderly enriched housing

Elderly enriched housing, is a form of congregate living or private dwellings with congregate facilities developed in the 1970's under the auspices of the Charitable Institutions Act. Residents live in their own apartments and obtain a minimal package of care from the housing administration. A typical apartment consists of a bed-sitting room, kitchenette, and 4 piece bathroom. The apartment buildings have congregate dining facilities and recreation areas. The residents purchase a care package on an ability to pay basis. The care package consists of one meal a day, general cleaning of the common areas, weekly housekeeping, weekly towel and linen cleaning service, and social and recreational activities. Adjacent services may include medical, nursing, social work, dental, and podiatry services. Residents are responsible for their groceries, clothing, personal laundry, transportation, and health care.

The first elderly enriched housing project was opened in 1972. There are currently six elderly enriched housing sites in Ontario: Oakville Seniors' Residence, Baycrest Terrace (Toronto), St. Hilda's Tower (Toronto), Bob Rumball Centre for the Deaf (Toronto), Patricia Gardens (Dryden), and Finnish Rest Home (Sault Ste. Marie).

Aspects of the concept of elderly enriched housing are similar to institutional care. Residents are admitted into or discharged from the "care" of the charitable organization offering both housing and support services. The funding arrangements are the same as other Charitable Institutions in that those residents who are able financially, pay for the full cost of their accommodation and care. Those residents who are subsidized for their care are entitled to retain a portion of their income as an independent living "allowance" in addition to a comfort "allowance". Residency is tied to receipt of services: every resident receives a specified "care package".

In comparison to elderly enriched housing, the concept of supported independent living as proposed in this paper, assumes a greater degree of choice on the part of the client and a greater degree of flexibility and portability of services. The receipt of services will not be tied to residency and seniors will not come into care

of a residential care authority. Instead, the support services and the accommodation will be provided under separate policy, administrative, legislative and funding arrangements. Eligibility for support services will be separate from eligibility for accommodation. Unlike residents in the institutional care model, tenants will be neither admitted nor discharged from the care setting by a single authority. They will have a "tenant" relationship to a non-profit housing administration and a separate "client" relationship to a social service agency. Tenants will have greater choice in determining what support services they will or will not receive. While the frail elderly persons will be tenants in sites where social service agencies deliver supported independent living services, frailty will be neither a criterion for tenancy in the project as a whole nor a barrier to tenancy.

2.4. Satellite homes

Municipally operated homes for the aged may admit residents into care and place them into supervised family care homes, group homes and other institutions under the satellite home program. Homes for the aged use a variety of terms for the settings that they sponsor under this program. The expression "satellite home" refers to the relationship of the parent home for the aged to the satellite family home, satellite group home or satellite institution. The people who live in the satellite settings are considered residents of the home for the aged. The home for the aged is responsible for assessment of the resident and for the quality of care provided by the satellite home operator. The home for the aged monitors the condition and needs of the residents and inspects the satellite setting every 4 months. Some larger satellite settings, which compare in size to medium, large, and very large institutions, provide in-house medical or on-site nursing staff.

2.5. Institutional care

The most common type of care in Ontario consists of institutional care. Most classification frameworks consider institutions under a distinct category. The institutional care system is significantly different from a community residential services system. However, the institutional system funded by the Ministry of Community and Social Services has played an important role in the early evolution of the community residential services system.

Although there is significant variation in the institutional form of care, much literature focuses on the scale of the living arrangements in institutions rather than the nature of the care provided. From the perspective of living arrangements alone, institutional living arrangements are similar to those of group homes but larger in scale. On the basis of size, institutions or long term care facilities can be reasonably classified as small (24-60 residents), medium (61-99 residents), large (100-200 residents), and very large (over 200 residents).

The scale of the living arrangement, however, is not the primary characteristic that defines institutions. Another way of classifying institutions is in terms of the nature of care, types of professional resources and extent of technology available in the setting. Institutions provide accommodation and professional care which is regulated by legislation, government guidelines, and professional disciplines and accreditation bodies. The Ontario Hospital Association has defined institutional care as care provided on a sustained and prolonged basis to meet the physical, social and personal needs of individuals whose functional capacities are chronically impaired or at risk of impairment. Institutional care is designed to meet the range of needs of individuals through a team approach that involves coordination of various disciplines and their associated professions, including the many disciplines within the medical, behavioral, and social sciences in an effort to treat social-psychological as well as physical disabilities.

The central quality of the institutional care system is the assumption of responsibility by regulated agencies for the provision of care and supervision to a resident in a facility. A few of the major characteristics of the institutional care system are:

- The care is provided by the residential service administration to individuals who are admitted into the care and supervision of a care provider under a set of admission and discharge criteria.

- The receipt of support services is tied to residency. The agency that is responsible for building and property management has overall responsibility for the care of the residents as well.

- The agency is liable for the total well-being of the resident.

- The individual's permanent address is also the work setting for a variety of types of professional and support staff.

- Often, the institution is physically isolated and distant from the mainstream of the community.

Institutional care for frail elderly people funded by the Ministry of Community and Social Services is provided by Homes for the Aged, a network of non-profit, long term care facilities. Municipal homes for the aged are sponsored by municipalities and charitable homes are sponsored by charitable organizations. Institutional care is also provided in nursing homes as well as chronic care facilities, funded by the Ministry of Health.

Municipal homes for the aged are subject to legislation and regulations under the Homes for the Aged and Rest Homes Act. Charitable homes for the aged are primarily under the Charitable Institutions Act. The operation of a home for the aged is also directed by written policies of each home and of the Ministry of Community and Social Services.

All municipal homes for the aged and the majority of charitable homes for the aged offer both residential care and extended care. Increasingly, extended care is the dominant type of care provided by homes for the aged. One third of the available extended care beds in Ontario are now provided in homes for the aged. The remaining extended care beds are provided in nursing homes.

3. THE CONTEXT FOR CHANGE

3.1. Prevention

The government's first broad policy goal for Ontario's seniors, articulated in A New Agenda: Health and Social Service Strategies for Ontario's Seniors, is to improve the quality of life of Ontario's seniors. One of the most important factors that influence quality of life is the individual's functional and health status. Other important factors include opportunities for social and recreational activities as well as adequate income and appropriate housing.

In this paper, we are proposing service delivery approaches to serve frail elderly people in community based, affordable settings. Research indicates that it should not be assumed that frail elderly people are necessarily faced with a progressive and continuing increase in the need for personal support.

Much can be done to slow down or prevent physical, social, or psychological conditions that require an increase in the need for personal support services. Proper exercise and nutrition, and involvement in social and recreational activities, are some examples of ways in which an increase in support service needs can be minimized among frail elderly people.

A major role of service providers who work with frail elderly people is prevention. This means that social service providers need to promote individual lifestyles and activities and service delivery practices that support wellness and prevent dependency. For example, tenants associations and social clubs in non-profit housing for seniors provide a very strong informal network of mutual support. Preventive service delivery for frail elderly people should be designed in a manner that complements and supports rather than competes with or replaces personal and informal sources of assistance and self-help.

3.2. Technology

The revolution in health care technology has contributed a great deal to the improvement in the life-span and well being of society. The technological revolution has now permeated all facets of daily living and holds considerable potential in enabling a large number of frail elderly people to live at home or in supportive housing settings, even when they experience difficulties with many activities of daily living.

Some technologies can be built-in within a supportive housing setting. Intercom systems allow tenants in support service living units to indicate to their attendants that they require assistance to start the day. Power-assisted beds are available and these can be activated with light touch switches and other means. Light weight

cupboard doors with doors that slide easily can assist people with diminished strength. Hand showers, available with constant temperature valves, are a key aid to people who have acquired some difficulty with dexterity and coordination. Stoves can be controlled with a timing device to assist people who may forget to turn off the stove. Power assisted beds and toilets are available for persons with difficulty in lifting themselves. Mechanical medication dispensers are available to assist people take the correct amount of medication each day.

Both passive and active emergency response systems are available to provide oversight services for people who desire or need this type of service. For example, a senior can wear a communications device to signal an emergency when he or she cannot use a phone. The device could be linked to an emergency response service. Built-in devices can be linked to an emergency response service that monitors a bathroom light switch. Failure to turn on the bathroom light after a specified period can trigger a response by the emergency service.

These are some of the technologies that, in association with the appropriate social and personal support services, can support independent living and enhance the quality of life of seniors who require assistance with activities of daily living.

3.3. Providing support to maximize personal independence

Personal independence, control, and responsibility are highly valued in our society. Nonetheless, some older adults, particularly those who are alone, voluntarily choose a more restrictive institutional environment. The key attribute of the institutional care system is the assumption of responsibility by a regulated agency for the total well-being of a resident. The more restrictive institutional environment provides assurance to residents that additional assistance can be made available to them as their needs change and that they will be less likely to have to move again. However, in obtaining this assurance of continuity of service from the institutional care system, the risks and uncertainties associated with independent living are minimized and the resident forgoes a degree of autonomy, self-direction and choice.

The person who is becoming increasingly frail is faced with a difficult choice. Either place one's name on the waiting list of a care facility that is designed to serve highly dependent people, or rely on the existing community support services that are generally able to serve people who require intermittent or lower levels of personal assistance with activities of daily living. New approaches to service delivery are needed to provide older adults who are frail some of the security and peace of mind that is currently available in institutions while enabling them to exercise as much control and responsibility as they are capable for the day to day management of their affairs.

For a small number of seniors there is no alternative to this trade-off between independence and security of care. Our new directions emphasize the need to provide more choices that enhance individual independence. We also recognize, however, that there will be a continuing need for the institutional care system for people who have complex care needs that cannot be supported in community living alternatives.

3.4. The concept of serving people in-place

A major theme in the literature on services for people who require supervision and care, and in submissions to government from providers and consumers, is the concept of "serving people in-place". This is the corollary to the concept of "aging-in-place". Community support services need to be designed in a manner that allows people to remain at home as long as possible, even when they need supervision and care. The assumption that institutional care is the best way to serve people who require high levels of service is under scrutiny by researchers and practitioners. Institutional roles are being re-defined and new models of serving people at home are emerging.

Serving people in-place is not confined to community support services; it is evident in primary health care concepts such as "institutions without walls" and "hospitals without walls". It is feasible to provide quality services at reasonable cost to many frail elderly people outside the traditional institutional setting. A system of community residential services will provide a better quality of life for frail adults who desire an independent lifestyle and will result in a more effective utilization of our scarce multi-disciplinary institutional resources.

Our proposed approach to community living for frail elderly people will combine some of the strengths of institutional living -- security for the individual and continuity of services through daily oversight of residents with additional services available if required -- with the benefits of community based services: a degree of independence, stability, self direction, and continued integration with one's neighbourhood to the greatest extent possible. We will support models that provide more choices for frail elderly people who might otherwise seek institutional care.

3.5. The concept of supportive housing environments

During the past twenty years the concept of community living for people with special needs has led to the recognition that residential services for many people who require care and are unable to live independently are more appropriately provided in community-based settings than in institutions. During this period, community based housing environments with support services have been developed for many people with different kinds of special needs, including people with physical, developmental and psychiatric handicaps, battered women, socially

disadvantaged people, offenders and ex-offenders, people with alcohol or drug abuse problems, homeless young people, and elderly people who are frail.

In the mid 1980's the Ontario government ministries that are responsible for community-based residential services re-examined current service delivery approaches. The term supportive housing was adopted to refer to a range of programs for people with special needs. The programs are designed to provide support services and housing outside of the boundaries of institutions. In comparison to institutional care where on-site services are provided to residents in the care of the institution, in supportive housing environments, on-site support services are provided by an agency to tenants in an apartment or clients in small residential settings. Thus supportive housing environments are distinguished from institutional care.

Supportive housing is now used as a generic term that refers to a variety of community rent geared-to-income living arrangements where on-site support services are provided to tenants or clients with special needs. The term "special needs housing" is synonymous with supportive housing.

The shelter components and support service components in supportive housing environments have, in recent years, been funded separately. The Ministry of Housing provided capital funds for construction and operating funds for administration (e.g. a building manager) of the shelter component of the program. Operating funds for the support services have been provided by the relevant service Ministry (i.e. Community and Social Services, Health, or Corrections).

While the support service and shelter components in supportive housing environments are administered separately, there is a formal link between them. Ordinarily, the funding agreement has stipulated that tenants are eligible for the housing unit provided that they receive support services from the agency involved in the agreement. We believe that this barrier to residency is not necessary and, therefore, we are proposing that, in the future, supportive housing environments should provide residency to people with a wide range of needs, including people who do and those who do not require support services.

Supportive housing environments have included community residences (e.g. group homes, transitional housing, second stage housing, hostels, alcohol and recovery homes, half-way houses, crisis centres) and independent living settings (e.g. support service living units for disabled people and supported independent living services in seniors apartments).

Few supportive housing projects for frail elderly people have been developed under recent initiatives. One example is Cobourg Legion Village. This supportive housing environment consists of 42 seniors' apartment units with a package of support

services. The supported apartment units comprise a separate wing but are physically integrated with 115 regular seniors' apartment units that do not receive the package of support service.

The support service package, subsidized by the Ministry of Community and Social Services, consists of lunch and dinner in a dining room, daily apartment cleaning service, transportation for wheel-chair tenants, an alarm system, twice daily security checks and organized recreational programs. Half of the units are geared-to-income rental units subsidized by the Ministry of Housing.

Similar services in supportive housing environments are operating or under development elsewhere in the province. The preference is to separate the need for service from the need for housing. One such service, provided by St. John's Centre in Peterborough, became operational in 1988. Plans are already well underway to establish services, modelled on the supported independent living concept, in Woodbridge (Friuli) and Oshawa (Sunrise Seniors Place).

3.6. Seniors in public housing

There has been substantial growth in the past decade of seniors rent geared-to-income housing, with some 96,000 seniors apartments now operated by municipalities, local housing authorities, and charitable non-profit housing corporations. Many of the private non-profit apartments have been developed and operated by service clubs, ethnic, Francophone, and faith communities.

Initially designed for well elderly, many of the tenants in non-profit housing for seniors are now frail. These settings have concentrations of people who are likely to be institutionalized unless efforts are directed to meeting their needs for levels of support that are higher than the support required by seniors in the general population.

A recent survey ("Patterns of Support: The Use of Support Services Among Senior Citizen Public Housing Tenants In Ontario", Ministry of Housing, 1986) indicates that, compared to a survey of seniors in the general population, seniors in public housing were:

- older;
- more likely to be female (78% vs. 58%);
- more likely to live alone (88% vs. 30%);

- o more likely to report difficulty with activities of daily living, particularly in relation to:
  - bathing (21% vs. 8%);
  - preparing regular meals (19% vs. 8%);
  - banking and preparing bills (25% vs. 7%);
  - heavy cleaning/housework (53% vs. 22%); and
  - grocery shopping (55% vs. 15%);
- o more likely to use social and health services, particularly:
  - visiting nurses (21% vs. 8%);
  - homemakers (14% vs. 6%);
  - meal services (9% vs. 1%); and
  - friendly visiting (6% vs. 1%).

This survey data suggests that seniors in public housing have significant needs for support services, as much as three times greater than the general population of older adults. Since support service providers are already significantly involved in these settings, it appears appropriate to begin to explore these settings for their potential as sites for the design of services to enable seniors to age-in-place if they so choose.

A housing or service provider may propose to convert some of the apartments into congregate dining facilities. A flexible service could be conceived, with input from the tenants' association, to include meals-on-wheels as well as diners clubs. Other services may include personal assistance with activities of daily living, homemaking, protective oversight/security checks, transportation, and friendly visiting. Professional medical and nursing services would be provided through community health programs.

3.7. Ethnic, Francophone, and Native communities

Ontario is a culturally diverse society. Nearly one hundred ethno-cultural communities are represented in the Province. The Ministry has recognized that it is necessary to provide a range of accessible, linguistically and culturally appropriate, social services which promote prevention, independence, family support and service choice. Services for frail elderly seniors in an increasingly multi-cultural society must ensure and respect the dignity of individual differences and the cultural diversity of communities, including our ethnic, Francophone and Native communities. The Ministry believes that the service concepts outlined in this paper are a most appropriate way of responding to the long term care needs of Ontario's diverse ethno-cultural communities.

In designated areas of the province, Francophone communities are entitled to receive services in the French language. Service planning activities must consider and incorporate, where appropriate, the need for the provision of services in French.

The "Rights of the Aboriginal Peoples of Canada", as phrased in the Canadian Constitution, are still being defined. There is general acceptance in principle, at both federal and provincial levels of government, of their aspirations to self-government. Community living options for frail elderly Native people need to be fully accessible to Native people. The Ministry of Community and Social Services is committed to the evolution of a system of supports for Native people in their own homes and home communities both on- and off-reserve. Appendix B provides information regarding services sponsored by Indian Bands or Indian agencies active on reserves.

3.8. Care classifications, institutional placement and supportive housing

Ontario traditionally classifies "care" of elderly people into distinct types of care: residential, extended, chronic, special rehabilitative, and acute. The classifications differentiate different parts of the institutional sector. Distinct types of settings are usually associated with each class of care.

The classification of types of care has the benefit of defining the nature and level of resources required for a given type of facility. The disadvantage is that people cannot access a particular type of setting if their needs exceed the care provided in the setting. Supportive housing environments, on the other hand, promote the development of services to serve people in-place to the greatest extent possible in designated housing sites and to respond to individual needs of clients.

In taking an individual approach, new types of services in supportive housing environments may be developed as alternatives to existing care classifications. Extended care programs in long term care facilities, for example, are designed to serve people who require 90 or more minutes a day of skilled nursing and personal care given by or under the supervision of a registered nurse. **We believe that many supportive housing environments currently operating are serving, in their own apartments, frail elderly people who can be deemed eligible for extended care.**

In the future, the necessity for institutional placement will be based upon the type of care rather than the number of minutes of assistance an individual requires. Some people may require less than 90 minutes of complex care in a care facility. Others may require more than 90 minutes per day, while continuing to live in their own apartments. It is desirable to support the development of supportive housing environments that can serve frail elderly people who require this amount of assistance with activities of daily living.

4. PROPOSAL: COMMUNITY LIVING FOR FRAIL ELDERLY PEOPLE

We are proposing an approach to the re-development of existing services and the evolution of future community living options for frail elderly people. The proposed direction is consistent with a generic approach to community living for people with special needs. The approach should, to the greatest extent possible, support the principles for supportive housing outlined below.

Two service models are presented for review and discussion with service providers and consumers. We are seeking input from those who will be affected by the proposed approach outlined in this paper. We would like to receive your views about the ideas contained in this paper. Please refer to the first section of this paper for information about our consultation process. Following this consultation we will produce a specific policy on how this Ministry will support the continuing development of community living for frail elderly people in Ontario.

4.1. Principles for supportive housing

The Ministry of Community and Social Services has adopted three principles for the design of service delivery models and administrative procedures in supportive housing environments for people with special needs, including frail elderly people. The principles are:

1. **INTEGRATION**. Integration means maintaining the maximum level of assimilation, both physical and social, with the community at large. The design of supportive housing environments should enable people with special needs to feel a part of their community and to interact with others, especially those who do not have support service needs.

2. **INDEPENDENCE**. Independence implies that individuals are able to live in the community with as much freedom, self determination and responsibility as is feasible given their special needs. In supportive housing environments it means that people have the opportunity to influence decisions about housing and support services they receive. It also means that individuals are encouraged and provided with opportunities to continue to do as much for themselves as possible.

3. **STABILITY**. Stability refers to continuity in a person's environment and social relationships. In supportive housing environments it refers to a person's permanence of tenure. Stability also refers to the importance of continuity of service providers. Stability enables people to feel secure and confident. While the principle of stability appears to favour permanent tenure, the tenure choice should be appropriate to the client's needs. Permanent tenure, then, is an ideal.

4.2. Preferred characteristics of supportive housing environments for frail elderly people

The following are our preferred characteristics for the design of supportive housing environments for frail elderly people.

- **Permanent Tenure.** Permanent tenure is preferred over temporary tenure. However, temporary housing in community residences may be appropriate for the needs of some clients at certain times.

- **Flexible, Portable, and De-linked Services.** Services in the community should be flexible, portable, and de-linked from accommodation. This means that housing and services should be designed in a manner that allows elderly people to remain in their apartment as their needs change. Service levels should be able to vary as the needs of the client change so that the client is not required to relocate to have his or her needs met.

- **Tenant Status Under the Landlord and Tenant Act.** Tenancy is preferred over client status. This means that the person should be covered by the Landlord & Tenant Act, rather than being excluded under section 1 (c)(ix) of the Act. This section excludes from the provisions of the Act accommodation deemed to be "occupied by a person ... for the purpose of receiving care. Our preference is that the tenant be the lease holder and covered under the Landlord and Tenant Act.

- **Rental Housing.** Rent geared-to-income housing is the anticipated setting for services in supportive housing projects in order to ensure that low income is not a barrier to service.

- **Non-Profit Service Providers.** Social service agencies funded by the Ministry of Community and Social Services should be not-for-profit organizations. Our preference is to support co-ordinated, community based programs delivered through existing social service agencies wherever possible.

- **Integrated Tenant Mix.** Supportive housing environments should mingle apartments for people with special needs with apartments for people who do not have special needs.

- **Individual Self-Contained Apartments.** A self contained apartment with a kitchen, bathroom, and living and sleeping space is preferred over housing where such amenities are shared.

- **Community Integration.** Buildings with supportive housing units should be an integral part of the community in which they are located. They should not

stand out as different. People with special needs should not be concentrated at such a level that they dominate the housing project or neighbourhood.

- **Off-Site Administrative Offices.** While on-site staff will be necessary to deliver services in a sufficiently concentrated and available manner to permit aging-in-place, an administrative centre or offices for the social service agency should be located off-site. The basic principle regarding off-site location of administrative functions is that only those people who need to be in someone's home should be located on-site of the supportive housing project.

The criteria outlined above provide a basis for developing specific services in supportive housing environments.

4.3. Proposed service concepts

We propose to support the continuing evolution of services that are directed at increasing the variety of community living options for frail elderly people. The services will help bridge the gap between the existing community services for seniors who require some supports in their own homes and the institutional care system for elderly people who have complex care needs.

The proposed services will have primarily a personal and social support focus, and they will explore the boundaries of providing services in institutional and supportive housing settings. One feature that separates institutional care from supportive housing is the consolidation and integration of resources under one roof. In the institutional care model, professional health care and social service resources are integrated with an individual's permanent address.

A supportive housing environment is designed to separate, to the greatest extent possible, the need for services from the need for housing, while recognizing that it may not be possible to make this separation for people with certain kinds of needs. Supportive housing for seniors is an evolving system of 24-hour, site specific assistance to frail elderly people living in their own apartments or in supervised community settings. Implicit in the design of supportive housing for seniors is the use of technologies to aid the independence of people who can no longer maintain independence without support.

We propose to support the development of a range of supportive housing environments for seniors through the service concepts of supported independent living and supervised community living. These service concepts are discussed in detail in the remainder of this paper.

4.4. Supported independent living

The concept of supported independent living refers to a housing environment where a social service agency offers 24-hour support services in a sufficiently available and concentrated manner so that frail elderly people will be able to **age-in-place**, if they so choose. The services are provided in designated non-profit apartment projects. Tenants who require services available on a 24-hour basis are able to choose an individualized plan of services. The plan of services forms the basis of an individual service agreement between the tenant and the municipality, Indian Band, or charitable social service agency that is funded to provide the services.

It is proposed that the Ministry of Community and Social Services will support social service agencies to provide services "in-place", in settings designated as supportive housing environments, to independent frail elderly tenants who are able to direct and/or manage their own assistance but who require an organized, 7 day-a-week program. The social service agencies will have the capacity to deliver a wide array of services. As a tenant's need for service changes and he or she requires more or additional services the agency will, wherever possible, make the services available. The tenants' professional health care needs will be met on a visitation basis through community health programs and health care professionals.

Aging-in-place also means that those tenants who become more dependent but **can be safely left unattended for periods of time** will, at their own choosing, continue to be served by the agency funded to provide the supported independent living service. The tenant will have the option of entering into an agreement with the service provider to enable agency personnel to enter his or her apartment on a scheduled basis or as summoned by the tenant.

The concept of supported independent living will provide a policy framework for a variety of services, including:

- the elderly enriched housing projects which have been developed in six locations since 1972 under the Charitable Institutions Act;

- site-specific 24-hour support services for frail elderly people in their own apartments, which have been developed in recent years under the inter-ministerial supportive housing initiatives funded by the Ministries of Housing and Community and Social Services; and

- similar types of projects that may be developed under our Capital Re-Development Plan for Homes for the Aged or under other initiatives.

A distinctive character of supported independent living, as compared to institutional care, is that tenants will not be "taken into care" by a residential care authority,

nor will a residential care authority accept primary responsibility for the resident's well being. Agencies that provide supported independent living services, instead, will provide coordinated and concentrated "assistance and support to" tenants. The tenants will continue to be responsible for managing their personal and social needs.

The development of the supported independent living service model represents a shift from the concept of a single administrative authority that provides institutional care and assumes responsibility for the total well being of **residents in its care**. Under the proposed approach, a social service agency will provide a high degree of support to assist frail elderly people to maintain their rights as tenants in the community, and to enable them to maintain primary responsibility for their lifestyle and well-being.

4.5. Supervised community living

The concept of supervised community living refers to a housing environment where a social service agency makes available a range of services that is similar to supported independent living. In addition, the agency will provide 24-hour on-site supervision to frail elderly people who require a secure setting and cannot be relied upon to summon their own assistance. Individuals in supervised community living will be deemed, on the basis of a professional assessment, to require 24-hour supervision in addition to the need for other support services, but not heavy professional nursing care. Supervised community living will be specifically targeted for people who **cannot be left unattended in their own apartments** for periods of time, for example confused people who are likely to wander and present a danger to themselves. Trained staff will be located in the living setting, 24 hours a day. The professional health care needs of clients will be met on a visitation basis through community health programs and health care professionals.

Included in the concept of supervised community living are supervised family care homes and various types of supervised group living situations. The services can be delivered in designated sections or floors of apartment buildings, community residences, or supervised family care homes. While community residences and supervised family care homes are two alternatives for the delivery of supervised community living, our preference is to provide each client with a self-contained apartment in accordance with his or her desire, wherever possible.

4.6. Service design elements

We are proposing many similar design elements for both types of services. There are, however, a few significant differences. The differences between the two models are identified in the next section. Following the presentation of the key differences, the subsequent section will then outline the similar design elements of supported independent living and supervised community living.

5. DISTINCTIVE ELEMENTS OF SUPPORTED INDEPENDENT LIVING AND SUPERVISED COMMUNITY LIVING

The distinctive features of the two service concepts stem from a critical personal characteristic: **whether or not the person can be left unattended for periods of time, safely and securely**. This aspect of personal functioning determines several other elements of the proposed service directions, in particular, the responsibilities of the individual who receives services and the responsibilities of the service provider, the staffing support required, and the types of settings where the services can be delivered.

Whereas in the past, amount and range of services distinguished service models, such as "residential care" or "extended care", we are proposing that agencies that deliver supported independent living and supervised community living services should provide a similar range of services. This means that tenants and clients in either type of service may need more or less than 90 minutes per day of assistance with activities of daily living. They may require one type of social support, such as meal preparation, or many types of social supports. They may require small amounts of individual services at discrete times over a 24-hour period or social supports and personal assistance that can be scheduled over period of a week.

Thus, it is not amount or range of service need that distinguishes the two approaches to services. Rather, the critical issue is whether the individual can be left unattended for periods of time. Individuals who cannot be left unattended in their own apartments for periods of time, even though nearby personal care workers are available, require an additional level of security and protection.

The four major differences between the proposed services, supported independent living and supervised community living, are discussed below and summarized in Table 1 at the end of this section. They are: individual profile, tenancy status and service provider responsibilities, staffing support, and type of setting.

5.1. Individual profile

The key feature that distinguishes the two service approaches is a particular personal attribute, namely, whether the person can be left unattended for periods of time, safely and securely. While the supported independent living service model is the preferred approach, the supervised community living model will be developed for people who cannot be left unattended for periods of time safely and securely. Agencies providing supervised community living will provide an additional level of security and protection for people who require 24-hour staff monitoring of the individual's whereabouts, for example, confused people who are likely to wander and place themselves or others at unacceptable risk.

Supported independent living services will assist frail elderly people who, as a result of physical, mental, or social needs, are no longer able to maintain their independence in their homes without the benefit of a comprehensive and intensive program of support tailored to meet their individual needs. The frail elderly participants in the supportive independent living services should be able to be left unattended for periods of time, safely and securely. They should be capable of maintaining their tenant status with appropriate support and assistance.

Participation in the service will be strictly voluntary and eligibility will be based upon the degree to which assistance is required.

The services will enable a person to age-in-place, if he or she so chooses, even as his or her needs change. For example, the individual may enter into an agreement with the agency funded to deliver the services for an elderly services worker to enter the apartment at scheduled times over a 24-hour period, or upon being summoned. Experience with housing for seniors, as discussed earlier, indicates such individuals will be aged 80 years or older, mostly female, and that many will live alone.

Supervised community living services will assist people who, as a result of physical, mental, or social needs, require extensive support and supervision on a 24-hour, 7 day a week basis, in order to remain safely and securely in a supportive housing environment in the community. The services will be specifically targeted for people who cannot be left unattended for periods of time, safely and securely.

The clients will be assessed by a representative from the municipal or charitable sponsoring agency and a health care professional as requiring 24-hour supervision as well as support services. The client or designated representative of the client must agree to the conditions associated with the provision of this service, such as permission for a staff person to enter the home, apartment or room without notice.

Clients of this service may require supervision and assistance for many reasons, for example:

- inappropriate behaviour as a consequence of cognitive impairment;
- controlled psychiatric condition (i.e. through a medication program);
- people with severely limited functional abilities.
- people with developmental handicaps;
- depressed or suicidal people who would benefit from counselling or other forms of support and who require supervision;
- people with alcohol or drug abuse problems.

5.2. Tenancy status and service provider responsibilities

Supported independent living services will be designed to optimize the functional abilities of clients in order to assist them to maintain their rights as tenants in the community. Therefore, while discharge from the service component is a possibility (e.g. the service may no longer be required or desired by the tenant), participation in the service should in no way affect an individual's tenant status under the Landlord and Tenant Act.

Supervised community living services will provide a secure and sheltered environment and supervise the client's activities of daily living. The participants will be clients of the municipal or charitable sponsoring agency and may be discharged from the setting where they reside, as necessary and appropriate.

Municipal or charitable social service agencies providing supervised community living will be called upon to take on a greater responsibility for the provision of care to their clients. The agencies will have to institute procedures to protect the rights and dignity of the clients that they serve.

5.3. Staffing support

The ability or inability to be left unattended for periods of time determines the staffing support that is required, namely whether staff must be present 24-hours a day in someone's living area, or whether staff can be located near independent apartments, without actually being present in people's living areas.

Supported independent living services will make elderly services workers, or personal care workers, available on a visitation basis. The workers will be located nearby, either in the apartment project or close to the project. The workers, however, will not be present in the living areas of the tenants.

Supervised community living services, on the other hand, will require more intensive staffing, and will make elderly services workers available in the living areas of clients 24-hours a day, 7 days a week. In the case of a supervised family care home, as described below, the designated member of the host family would perform the functions of an elderly services worker.

5.4. Type of setting

Supported independent living should be targeted in specific locations where a sufficient number of frail elderly people reside, or are likely to reside, in close proximity to each other. In this way a secure and adequate level of services can be provided at an affordable cost.

We propose that supported independent living services will be targeted in designated non-profit apartment buildings for seniors. Public funding of more accessible and more available services requires that the housing site where the service is delivered is accessible to seniors despite low or limited income. Non-profit housing provides rent geared-to-income housing, thereby ensuring that low income is not a barrier to supportive housing environments. Lesser levels of service could be made available on an outreach basis to people who live close to the designated housing environments.

We recognize that the concept of supported independent living services, in principle, can also be organized in small well-defined neighbourhoods. However, it would be necessary to ensure that people with low incomes and those without assets are not denied residency in a supportive housing environment on the basis of their financial status. We would like to explore issues associated with the possibility of developing supported independent living services **in small, well defined neighbourhoods**, where a sufficient number of older people reside so that it may be reasonable and economical to make available a more intensive level of support services, and where low income is not a barrier to residency.

Supervised community living, which consists of a 24-hour staff presence in the living areas of clients, can be delivered by the municipality or social service agency funded to deliver these services in:

- aggregates of apartments on a floor or a wing of regular apartment building leased by a social service agency for the provision of social services and housing for frail elderly people;

- community residences leased or owned by a social service agency;

- supervised family care homes for 1 or 2 frail elderly people.

Where clients are placed in a supervised family care home by the agency that is funded for the delivery of supervised community living, a designated family member of the host family assumes primary responsibility, through an agreement with the social service agency, to provide supervision and support to the client, to whatever degree necessary. The social service agency ensures that all required support services not performed by the host family are delivered to the client as required.

TABLE 1. Distinctive features of the two service concepts

Distinctive Features	Supported Independent Living	Supervised Community Living
Individual Profile	Can be left unattended for periods of time, safely and securely. Due to changing needs, may enter into agreement for service personnel to enter apartment. Daily needs can be supported through regularly scheduled visits by nearby personal care workers that may be available 7 days a week, 24-hours a day.	Requires extensive support and supervision with a staff presence in his or her living area 24-hours a day, 7 days a week. Cannot be left unattended for periods of time. For example, client is confused and likely to wander and there is no other means of ensuring his or her safety and security. Cannot be relied upon to summon assistance independently.
Individual and Service Provider Responsibilities	Participant is deemed to be a tenant and maintains rights under the Landlord and Tenant Act. Tenant is in charge of managing his or her daily activities with assistance from service provider.	Participant may be deemed to be a client of the agency rather than a tenant. Agency provides a secure and sheltered environment and supervises client's daily activities.

Distinctive Features	Supported Independent Living	Supervised Community Living
Staffing Support	Elderly services workers (personal care workers) may visit tenants in accordance with agreed upon individual service plan. Tenants may enter into agreement for social service staff to enter apartment as required if service needs increase.	Elderly services workers (personal care workers) provide a secure environment and are located in the living areas of the dwelling 24-hours a day, 7 days a week.
Type of Setting	Designated non-profit housing sites with self contained apartments for each tenant. Building contains space for a social service coordinator, and service spaces for such facilities as kitchen, dining and recreational space.	Non-profit housing, with a self contained apartment for each client, is preferred. May consist of: - a floor or wing of an apartment designated for supervised community living; - small community residences; self contained units in these residences are preferred; - supervised family care homes for 1 or 2 frail elderly people.

6. COMMON FEATURES OF SUPPORTED INDEPENDENT LIVING AND SUPERVISED COMMUNITY LIVING

Many elements of both service concepts will be similar or identical. Agencies providing supported independent living and supervised community living services will have a range of services available, from minimal to extensive services, based on individual need, and provided in accordance with an individual service agreement. The common features of the two service concepts are discussed below and summarized in Table 2 at the end of this section.

6.1. Service intensity

The services available in the supportive housing environment will be more intensive than what is generally available from community support programs. The agencies funded to provide the services will have a capacity to provide a range of support services to frail elderly people in the designated sites, 7 days a week and 24 hours a day.

6.2. Services provided

The social support services, available to tenants and clients, may range from minimal support up to extensive services such as provision of personal assistance in activities of daily living over a 24-hour period, on a 7 day a week basis, including:

- o 24-hour availability of emergency response
  - A communications device linked to an emergency response service will be available in each apartment to summon emergency assistance.
  - A system for responding to emergency calls for assistance will be available.
- o Protective oversight service
  - Assurance of daily personal contact with client by service staff or family, friends, and volunteers, as appropriate
  - This service may consist of daily personal contact with clients through such means as telephone reassurance, personal contact during scheduled meal services, and personal visits.
- o Housekeeping services, including heavy and light housekeeping

- o Meal services with various options. For example:
  - Meal planning services including assistance with in-home meal preparation and obtaining food items
  - Diners clubs/congregate meals
  - Meal delivery
- o Assistance with shopping
- o Personal assistance with, or supervision of, activities of daily living, such as bathing, getting in and out of bed, dressing and grooming, mobility, and taking medication.
- o Assistance with personal affairs such as letter writing, bill paying, information about services
- o Social/recreational services. For example:
  - the services can be provided to clients in conjunction with a meal service or diners club
  - clients may organize their own social/recreational services
  - community recreational and social services would be utilized as much as possible.

6.3. Assessment Process

We recognize that the design of an initial assessment and on-going reassessment process and a mechanism for monitoring service appropriateness will be the most difficult challenge in the development of the proposed service models. Section 5.1 of this paper discussed the profiles of potential participants. Many of the characteristics of prospective clients served through supported independent living and supervised community living services may be difficult to measure.

Different types of assessment and re-assessment processes will be developed for different service models. For example, participation in supported independent living services is strictly voluntary and requires less stringent assessment methods. On the other hand, participation in supervised community living by a person with cognitive impairment should require an assessment by a representative from the sponsoring organization and a health care professional.

We propose that agencies currently experienced in serving frail elderly people should assist in the design of the assessment and reassessment process. This process should be developed in keeping with other assessment programs and capabilities that are available locally (e.g. Home Care, One Stop Access).

The purpose of the assessment and re-assessment process is to ensure that the services adequately meet the individual needs of clients, and that frail elderly people and their families are sufficiently informed to evaluate acceptable risks of community living.

A risk free environment is a practical impossibility, particularly in alternatives to institutional care. It has been argued that many of the undesirable qualities of institutional life are the consequence of the attempt to minimize risk for the resident population. Therefore, once designed, the assessment and reassessment process should be monitored by a team of representatives from service agencies and the health care community. The purpose of the team is to ensure that the services are appropriate and that the client and family are provided with relevant information to assist them in assessing acceptable risks.

6.4. Limitations

We have distinguished institutional care from community living in supportive housing environments in terms of the presence or absence of multi-disciplinary health and social services, "under one roof", in a setting that is also the person's permanent address. The boundaries between the individual's personal space and the institutional space are difficult to distinguish in the institutional setting. The concepts of supported independent living and supervised community living, on the other hand, have primarily a personal and social support focus, and explore the boundaries of non-institutional services.

Our proposed services in supportive housing environments seek to more clearly define the boundaries between personal space and the space necessary for service providers. The fewer service providers necessary on-site, the more clear is the boundary. The supportive housing environments where the proposed service would be provided will be staffed by a services coordinator and, where necessary, an elderly services worker. These proposed staff resources are described below.

We propose that, **clients of either type of service, supported independent living or supervised community living, will have their professional health care needs met on a visitation basis.**

6.5. Services coordinator

The housing sites where the services are delivered will provide, at a minimum, a **services coordinator** who will act as a regular "good neighbour" and co-ordinate a daily protective oversight service and a system of responding to clients' needs and emergencies.

The services coordinator will have training from a recognized educational program in the provision of personal care and be capable of performing the following functions:

- Act as a regular "good neighbour" and co-ordinate a positive response to clients' needs and emergencies.
- Provide and/or coordinate daily personal contact and security checks for between 20 and 35 clients, depending on the nature of the setting and distance between clients.
- Supervise elderly services workers or volunteers directly involved in the provision of the support services.
- Provide and/or coordinate individual assessments of the service needs of clients.
- Coordinate a 24-hour emergency response service.
- Coordinate the provision of individualized social services as requested and needed by the client (e.g. daily meal service, weekly housekeeping, personal assistance with activities of daily living such as bathing or getting in and out of bed, transportation, and social/recreational services.)
- Encourage continuing contact with family members and friends, and involvement in the community.
- Where appropriate, support or complement the professional visitation services provided by community health providers.

In some models of service delivery, the services coordinator may perform the functions of an elderly services worker, as described below. In other models of service delivery more than one services coordinator would be associated with a particular site.

6.6. Elderly services workers

We propose that the service concepts of supported independent living and supervised community living will require a new type of personal care worker, namely an **elderly services worker**, with specific knowledge of the needs of frail elderly people, and trained to perform a variety of tasks to assist seniors with a variety of activities of daily living, including mobility, grooming, taking medication, dressing, bathing, meal preparation, security checks/reminders, light housekeeping, and other similar tasks.

6.7. Training

The proposed services are likely to have small staff complements with service coordinators and elderly services workers responsible for a variety of tasks. The knowledge required in working with frail elderly people and their families is both broad and multi-disciplinary. In addition, there are a variety of recognized training programs that provide skilled personnel for personal care. It is proposed that services coordinators and elderly services workers have completed a recognized educational program in personal care services and that agencies sponsoring the programs make available to front line staff appropriate staff development opportunities.

6.8. Health services

Professional health services will be provided through the Home Care program, general practitioners, or other health care professionals. Responsibility for professional health services will remain with the client and/or his or her designated representative, in consultation with the client's physician.

As appropriate, the services coordinator or elderly services worker may support and complement the services provided by visiting community health professionals (e.g. doctors, nurses, physiotherapists).

The social service agency providing supported independent living or supervised community living will arrange with community health programs for the provision of health services by visiting community health professionals (e.g. doctor, nurse, physiotherapist).

6.9. Medication monitoring as a community health service

Frail elderly people are likely to take prescribed and over-the-counter medication on a regular basis. They often take many medications simultaneously. Medication monitoring is one way that service providers respond to medication use by their

clients, particularly in institutions. A similar need for medication monitoring may be required in community based services.

In the supported independent living service approach, responsibility for consumption of medication rests with the individual. However, some individuals, as a result of restricted vision or other disabilities, may require help to recognize different types of medications that need at be taken at different times. They may wish to continue living in their current setting rather than admitting themselves into institutional care.

The agency funded to deliver the services will arrange with a visiting nursing agency to organize a service of medication monitoring and supervision. The purpose of this service would be to help frail people in the supportive housing environment to consume their prescribed medications at the appropriate times. The visiting nursing agency would co-ordinate this aspect of the service with the activities of the services coordinator and the elderly services worker.

6.10. Relationship to Integrated Homemaker Program and Home Care Program

The agencies funded to provide services in supportive housing environments will make available a range of social services on a 7 days per week basis. Since the agencies providing the services will make available, in accordance with the needs of their clients, meals and housekeeping services, the clients will not be eligible for these components of the Integrated Homemaker Program or Home Care. However, the clients will be eligible for professional visitation services under Home Care.

This current constraint, however, does not preclude the potential for the future re-design of the current system of providing the services of homemakers and personal care workers to people who require high levels of assistance in their own homes, on a 7 day a week basis. We would like to explore this possibility in the context of a rationalization of our currently fragmented health and social services for seniors.

As our service system evolves, the proposed services can be delivered by a single local authority that has responsibility for integrating and consolidating the delivery of health and social services in particular communities.

6.11. Individual service agreement

An individual service plan will be developed for each client. The plan will reflect his or her individual requirements and be flexible enough to accommodate changing needs over time. As a consequence, the level of support may vary considerably from minimal support (e.g. friendly visiting/security checks) to extensive support involving access to personal assistance over a 24 hour period on a 7 day a week

basis. The individual service plan will be developed by the services coordinator, in collaboration with the client or his or her designated representative, and with representatives from other service providers involved with the client (e.g. Home Care) or family members, as appropriate.

Prior to receiving services, clients (and their designated representatives) will be informed of what they can expect from the service. The information will be provided verbally and in the written individual service agreement that will describe:

- what services will be provided to the client by the agency, based on the development of an individual service plan;

- what services may be available to the client from other agencies, (e.g. Home Care, Elderly Persons' Centre, Day Program, Community Recreational Program, etc.);

- the capabilities and limitations of the service: that is, what services can and cannot be provided by the agency;

- the existing alternative care arrangements to which client will be referred in event that the agency is unable to meet the needs of the client.

A copy of the individual service agreement, with the client's permission, will be shared with his or her personal physician, the Home Care provider, and family member, or other significant person specified by the client.

The service coordinator will be responsible for updating the individual service agreement annually or more frequently if necessary.

In the case of clients with cognitive impairments, the service coordinator will make the individual service agreement with a family member or other significant person who has been previously authorized by the client to make decisions on his or her behalf or who has assumed responsibility for the management of the client's care and has been accepted as such by the service provider.

6.12. Physical design

Individual dwellings will be designed or converted to include built-in safety aides such as grab bars in the bathrooms, non-slip bathtubs, hand railings in corridors, and wheel-chair accessible units. Nearby space will be available for communal activities that may be needed by the clients, such as space for social activities or restaurants/congregate dining.

6.13. Support services consumers' council

The agency providing the services will have a means of obtaining input from consumers and individuals from the community regarding program policies and service delivery practices.

6.14. Client contributions

The government is currently reviewing the complex issue of how the future needs for health and social services will be financed, including the role of client contributions for services. Pending the completion of the review, we are proposing the following as an interim approach.

The proposed services will continue the practice established in residential programs of charging up to the full cost of services. The client contribution is similar to the user fee component of non-profit housing: rent-geared-to-income. The principle underlying the client contribution is that people should pay for basic living essentials, on an ability to pay basis, for such basic needs as food, clothing, and accommodation. People should also pay for costs associated with independent living, and unique lifestyle preferences, hobbies or recreational interests.

Clients will pay up to the full cost of the services they receive in accordance with their ability to pay. The income test employed by the Ministry of Housing for the determination of client contributions for rent geared-to-income housing will be applied for the determination of ability to contribute to the cost of the individual service plan.

Maximum client contributions may be established using the maximum client contributions in related programs as a bench mark (e.g. residential care in Homes for the Aged).

The client contribution schedule should include an income retention policy to ensure that clients have some money available for other expenses.

The agency's method for determining client contributions will be approved by the local office of the Ministry of Community and Social Services.

6.15. Service sponsorship and delivery

In accordance with our preferred characteristics for supportive housing environments, we are proposing that, wherever possible, the services will have the following sponsorship and delivery features:

- An existing social service agency will be the provider of the services in the supportive housing environment.

- Arrangements will be made for community health professionals to provide health services on a visitation basis.

- The receipt of services will not be tied to residency: the support services and the accommodation will be provided under separate policy, administrative, legislative, and funding arrangements. Eligibility for support services will be separate from eligibility for accommodation.

- In exceptional circumstances, where the same agency will be responsible for both non-profit housing and social services to tenants of a designated building, the agency will also make its elderly services workers available on an outreach basis to frail elderly people who live elsewhere in the community.

Funding and policy responsibility for the new service models will be shared, where appropriate, between the Ministries of Housing and Community and Social Services under the supportive housing initiatives of both Ministries. Under this arrangement, the Ministry of Housing would support the construction of housing and the Ministry of Community and Social Services would support the provision of social services.

The Ministry of Community and Social Services and the Ministry of Housing have agreed to a Coordinated Application and Review Process for the review of proposals for new construction of supportive housing for frail elderly people. Each area office of the Ministry of Community and Social Services has a housing designate who is familiar with the currently available supportive housing programs.

The service approaches described in this paper may be planned at the early stages before a non-profit housing proposal is developed. Alternatively, the services may be designed to serve an established non-profit housing project that currently has no provisions or facilities to serve the needs of frail older adults.

A single social service agency, operated by a municipality, Indian Band, or charitable organization, will be responsible for the provision of the range of social services in the supportive housing environment. As indicated earlier, Appendix B provides information regarding services sponsored by Indian Bands or Indian agencies active on-reserves.

The agency will also be responsible for the recruitment, training, supervision, and monitoring of the activities of front line staff skilled in the provision of personal assistance in a wide range of activities of daily living and housekeeping activities.

The sponsoring organization may include, in its mandate, the provision of services for the community at large, or, where appropriate and feasible, the services may have members of an ethnic, Francophone, or Native community as a primary target.

The social service agency will be responsible for ensuring that staff are adequately and appropriately trained to deliver and/or coordinate the delivery of all necessary and required support services.

6.16. Service funding

The services will be funded under Section 8 of the Ministry of Community and Social Services Act.

Municipal or charitable agencies will enter into a legal agreement with the Ministry of Community and Social Services using a standard format consisting of:

- Schedule A: description of services and standards;
- Schedule B: staffing requirements;
- Schedule C: budget and sources of revenue;
- Schedule D: client contribution structure.

The Ministry of Community and Social Services will subsidize the lesser of 70% of approved costs or the difference between approved service costs and revenue from client contributions and other sources. A maximum annual subsidy will be negotiated between the agency delivering the services and the Ministry of Community and Social Services.

TABLE 2. Common features of the two service concepts

Similar Features	Description
Service Intensity	Services available to the designated non-profit residential sites are more intensive than what is generally available from community support programs. The agency has a capacity to provide a range of support services to frail elderly people in the designated sites, 7 days a week and 24 hours a day.
Services Provided	A range of services are made available to tenants and clients, such as: - daily security checks and reminders; - assistance with activities of daily living such as mobility, grooming, taking medication, dressing, meal preparation; - housekeeping; - social and recreational activities; - assistance with personal affairs such as letter writing and bill paying; - meals, such as meal delivery or dining services.
Assessment	An assessment process will be developed to regularly evaluate the needs of the individuals served and the adequacy of the services.
Limitations	The services are not suitable for people who require heavy professional nursing or medical care at a level and intensity that cannot be provided on a visitation basis.

Similar Features	Description
Services Coordinator	Organizes a system of responding to clients' needs for support and an emergency response system. Coordinates services with existing services and with the client's informal support network of neighbours, family members, and friends.
Elderly Services Workers	A personal care worker with specific knowledge about the needs of frail elderly people and trained to assist seniors with a variety of activities of daily living, including mobility, grooming, taking medication, dressing, bathing, meal preparation, security checks/reminders, light housekeeping, and other similar tasks.
Training	Staff offering personal care services will have completed recognized training programs.
Health Services	Provided by visiting community health professionals.
Relationship to Home Care and Integrated Homemaker Program	Tenants and clients will be eligible for professional health services under Home Care. However, tenants and clients will not be eligible for homemaking services since similar functions will be provided by the elderly services workers. The services can be delivered under a system of integrated health and social services in particular communities.

Similar Features	Description
Individual Service Agreement	An individual service agreement, based on an individual plan, is developed for each participant based on individual needs. Services are adjusted according to changing needs. Copy of the agreement, with participant's permission, is provided to significant others (e.g. home care, physician, designated family member).
Physical Design	Built-in safety aides such as grab bars in bathrooms, non-slip bathtubs, handrails in corridors, wheel chair accessible units.
Client Contributions	An interim proposal, pending the completion of a review on the future financing of health and social services. Clients pay for the cost of services according to their ability to pay.
Service Sponsorship and Delivery	A social service agency, operated by a municipality, Indian Band, or charitable organization, will be responsible for the provision of on-site social services in the designated residential setting. Where appropriate and feasible, the sponsoring organization may serve members of an ethnic, Francophone, or Native community as a primary target. Wherever possible, the housing administration will be de-linked from the social service administration.
Service Funding	MCSS will fund the lesser of 70% of approved service costs or the difference between approved costs and revenue from client contributions and other sources.

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APPENDIX A: SUPPORTIVE HOUSING CHARACTERISTICS: SERVICE DESIGN PREFERENCES

The Ministry of Community and Social Services has adopted three principles for the design of service models and administrative procedures for supportive housing for people with special needs, including frail elderly people. The principles are provided below with an outline of the service and housing characteristics that are acceptable to the ministry.

1. INTEGRATION. INTEGRATION MEANS MAINTAINING THE MAXIMUM LEVEL OF ASSIMILATION, BOTH PHYSICAL AND SOCIAL, WITH THE COMMUNITY AT LARGE. THE DESIGN OF SUPPORTIVE HOUSING SHOULD ENABLE PEOPLE WITH SPECIAL NEEDS TO FEEL A PART OF THEIR COMMUNITY AND TO INTERACT WITH OTHERS, ESPECIALLY THOSE WHO DO NOT HAVE SUPPORT SERVICE NEEDS.

Service Characteristics:

Acceptable supportive housing projects will have service characteristics that promote integration. They should:

- mix supportive housing units with regular housing;
- mix together people with and without special needs;
- be an integral part of the community in which they are located;
- concentrate people with special needs at a low enough level that they are not the dominant feature of a housing project or neighbourhood;
- make available a choice of housing form that is appropriate to the neighbourhood, i.e. high rise, low rise, single family dwelling, row house, or semi-detached;
- make support services available from an approved non-profit social service agency;
- locate administrative centres or offices for services off-site, e.g. offices for Supported Independent Living workers would be located in the local Family Service Association, but workers would see tenants in their homes.

Housing Characteristics:

- o Rental housing is the anticipated form for new supportive housing.

- o The preference is for the tenant to be the lease holder and covered under the Landlord and Tenant Act.

- o Temporary or transitional housing in community residences will still be necessary for people who are not yet stabilized or lack life skills.

- o The housing component of supportive housing could be provided by either a private or a non-profit developer. For example, the project could involve a private developer who puts up an apartment building and reserves 10% of the units for people with special needs.

- o Joint ventures between government and private market developers could achieve the goal of integration.

2. INDEPENDENCE. INDEPENDENCE IMPLIES THAT INDIVIDUALS ARE ABLE TO LIVE IN THE COMMUNITY WITH AS MUCH FREEDOM, SELF DETERMINATION AND RESPONSIBILITY AS IS FEASIBLE GIVEN THEIR SPECIAL NEEDS. IN SUPPORTIVE HOUSING IT MEANS THAT PEOPLE HAVE THE OPPORTUNITY TO INFLUENCE DECISIONS ABOUT HOUSING AND SUPPORT SERVICES THEY RECEIVE. IT CAN ALSO MEAN THAT INDIVIDUALS ARE ENCOURAGED AND PROVIDED WITH OPPORTUNITIES TO DO AS MUCH FOR THEMSELVES AS POSSIBLE.

Service Characteristics:

Acceptable supportive housing projects will have service characteristics that promote independence. They should be designed to:

- o enable individuals to do as much for themselves as possible;

- o enable individuals to determine which of the support services that are available and for which they are eligible they wish to receive;

- o designed to meet individual needs.

Housing Characteristics:

Acceptable supportive housing projects should have housing characteristics that promote independence. They should be either:

- o private, self-contained accommodation, or

- o if the service needs of clients needs dictate its use, congregate accommodation.

3. STABILITY. STABILITY REFERS TO CONTINUITY IN A PERSON'S ENVIRONMENT AND SOCIAL RELATIONSHIPS. IN SUPPORTIVE HOUSING IT REFERS TO A PERSON'S PERMANENCE OF TENURE. STABILITY ALSO REFERS TO THE IMPORTANCE OF CONTINUITY OF SERVICE PROVIDERS. STABILITY ENABLES PEOPLE TO FEEL SECURE AND CONFIDENT. ALTHOUGH THE PRINCIPLES OF STABILITY APPEAR TO FAVOUR PERMANENT TENURE, THE TENURE CHOICE SHOULD BE APPROPRIATE TO THE CLIENT'S NEEDS. PERMANENT TENURE, THEN, IS AN IDEAL.

Service Characteristics:

Acceptable supportive housing projects will have service characteristics that promote stability. They should:

- o be designed to enable the tenant to remain in the unit if service needs change, stabilize, or of services are no longer needed;

- o make a variety of options available to help people cope with their particular problems;

- o be designed in a manner that enables clients to remain in their choice of accommodation;

- o be funded through flexible funding mechanisms.

Housing Characteristics:

- o Housing is permanent if the client may remain when service needs stabilize, change, or if services are no longer needed.

- o However, temporary housing in community residences, often referred to as transitional housing, may be seen as appropriate for people who are not yet stabilized, e.g. people

    - still in crisis,
    - still suffering from emotional distress,
    - presently medically unstable,

- unable to establish an independent dwelling due to lack of maturity or life skill disabilities, or

- requiring temporary convalescence in an environment that offers a high degree of support.

o Temporary or transitional housing requires that flexible, portable, and de-linked services exist in the community to permit a move to permanent housing as soon as possible.

o The MCSS preference is that the client have a legal tenant status under the Landlord and Tenant Act.

Non-profit groups that intend to submit proposals to develop supportive housing should examine the degree of congruence between the design elements in their proposal and the preferred service and housing characteristics identified above.

APPENDIX B: INDIAN BANDS AS SPONSORS OF SERVICES IN SUPPORTIVE HOUSING ENVIRONMENTS

The following information should be taken into account if an Indian Band or Indian Agency active on-reserve wishes to sponsor the proposed services for a supportive housing environment:

1. Indian Bands and/or Indian Agencies active on reserve may enter into an agreement with MCSS to fund operating costs of the services.

2. The involvement of Indian and Northern Affairs Canada as well as the MCSS Program Supervisor is recommended in the initial stages of planning a project.

3. If the construction of housing on-reserve is part of such proposed services:

   i) Indian Bands must discuss the need for capital funds with Indian and Northern Affairs Canada representatives, as construction on Indian reserves is a federal responsibility.

   ii) The primary source of capital funding would be Section 56.1 of The National Housing Act administered by Canada Mortgage and Housing Corporation.

   Through this section of The National Housing Act Indian Bands or Agencies active on-reserves may insure their mortgage and effectively reduce their interest costs to 2% per year.

4. Should renovations to an existing building be required, the Band may approach Canada Mortgage and Housing for assistance under the Residential Rehabilitation Assistance Program.

5. The services component should be funded under program elements that are cost shared under appropriate federal-provincial financial arrangements, e.g. Homemakers Services.

Ontario

Ministry of Community and Social Services

Ministère des Services sociaux et communautaires

Services aux personnes âgées
700, rue Bay, 9e étage
Toronto (Ontario)
M5G 1Z6
(416) 965-1411

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